

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>MM</i>		<i>10-23-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>DMW</i>	<i>751</i>	<i>11-20-01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>9-20-03</i>
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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*828*  
*11/20/01*